

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005491

1. Entity Name

SPANISH OAKS APARTMENT HOMES, L.L.C.



Principal Place of Business

8320 W. SUNRISE BLVD., SUITE 203
PLANTATION, FL 33322

Mailing Address

8320 W. SUNRISE BLVD., SUITE 203
PLANTATION, FL 33322



06302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3597065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD.
LARGO, FL 33778

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000164670

07/08/04-80018-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOLDEN, JOHN, SR.
STREET ADDRESS	1845 MONTE CARLO WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGR
NAME	HOLDEN, PETER
STREET ADDRESS	901 NW 119TH AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or authorized representative of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-6-04